

<div> <div>Naval Air Station Lemoore</div> <div>Base Access Request</div> </div>				<div> <div>"FOR OFFICIAL USE ONLY - PRIVACY SENSITIVE: Any misuse or unauthorized disclosure may result in both civil and criminal penalties."</div> </div>				
From: (Last Name, First Middle)			Rate/Rank:		Date of Request:			
<div> <div>Military Affiliation of Requestor</div> <div>Mark all that apply</div> </div>								
Branch		Status		Civilian				
				Status	Explain			
<input type="checkbox"/> USN		<input type="checkbox"/> Active		<input type="checkbox"/> No Military Affiliation				
<input type="checkbox"/> USA		<input type="checkbox"/> Reserve		<input type="checkbox"/> DoD Employee				
<input type="checkbox"/> USMC		<input type="checkbox"/> Retired		<input type="checkbox"/> DON Employee				
<input type="checkbox"/> USAF		<input type="checkbox"/> Midshipman		<input type="checkbox"/> Government Contractor				
<input type="checkbox"/> USCG		<input type="checkbox"/> Delayed Entry Program		<input type="checkbox"/> Work on Base				
Civilian: Employer				<div> <div>Copy of Military ID Card (front), or civilian equivalent for non- military personnel.</div> </div>				
Location:		Work Phone:						
Military: Command (Currently assigned)								
Department:		Work Phone:						
Home Address:								
City & State		Home Phone:						
<div> <div>Access Desired</div> <div>Mark all that apply</div> </div>								
Type			Location					
<input type="checkbox"/> Escorted <input type="checkbox"/> Unescorted <input type="checkbox"/> Station ID			<input type="checkbox"/> Administration Side <input type="checkbox"/> Operation Side <input type="checkbox"/> Housing					
<div> <div>Individual(s) for which Access is Requested</div> <div>If access is required for more than one-person, use the attached continuation page.</div> </div>								
Name: (Last Name, First Middle)				<div> <div>Civilian ID card or Drivers License</div> </div>				
Address:								
Age:	Drivers License Number:	I.D. Number:						
Home Phone:	Cell Phone:	SS# ONLY LAST 4						
Military Affiliation:								
<input type="checkbox"/> No Military Affiliation <input type="checkbox"/> DON Employee <input type="checkbox"/> Other <input type="checkbox"/> DoD Employee <input type="checkbox"/> Govt Contractor								
Vehicle Make:		Vehicle Model:		Year:	Vehicle Color:	Plate #:	State:	Expiration:
Insurance Company		Insurance Policy Number:		Expiration:		<div> <div>Notice: A copy of the Registration, Proof of insurance and DL must be provided with this document for vehicle passes to be issued.</div> </div>		

## Reason for request

*Be specific*

Period or dates pass is requested for:

*For official P & D Use Only*

☐ Approved

By: \_\_\_\_\_

☐ Disapproved

Date: \_\_\_\_\_

## Individual(s) for which Access is Requested

*If access is required for more than one-person, use the attached continuation page.*

<b>Name:</b> (Last Name, First Middle)					Civilian ID card or Drivers License				
<b>Address:</b>									
<b>Age:</b>	<b>Drivers License Number:</b>	<b>I.D. Number:</b>							
<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>SS# ONLY LAST 4</b>							
<b>Military Affiliation:</b> <input type="checkbox"/> No Military Affiliation <input type="checkbox"/> DON Employee <input type="checkbox"/> Other <input type="checkbox"/> DoD Employee <input type="checkbox"/> Govt Contractor									
<b>Vehicle Make:</b>		<b>Vehicle Model:</b>		<b>Year:</b>	<b>Vehicle Color:</b>	<b>Plate #:</b>	<b>State:</b>	<b>Expiration:</b>	
<b>Insurance Company</b>		<b>Insurance Policy Number:</b>		<b>Expiration:</b>		<b>Notice: A copy of the Registration, Proof of insurance and DL must be provided with this document for vehicle passes to be issued.</b>			

  

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<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>SS# ONLY LAST 4</b>							
<b>Military Affiliation:</b> <input type="checkbox"/> No Military Affiliation <input type="checkbox"/> DON Employee <input type="checkbox"/> Other <input type="checkbox"/> DoD Employee <input type="checkbox"/> Govt Contractor									
<b>Vehicle Make:</b>		<b>Vehicle Model:</b>		<b>Year:</b>	<b>Vehicle Color:</b>	<b>Plate #:</b>	<b>State:</b>	<b>Expiration:</b>	
<b>Insurance Company</b>		<b>Insurance Policy Number:</b>		<b>Expiration:</b>		<b>Notice: A copy of the Registration, Proof of insurance and DL must be provided with this document for vehicle passes to be issued.</b>			

  

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<b>Military Affiliation:</b> <input type="checkbox"/> No Military Affiliation <input type="checkbox"/> DON Employee <input type="checkbox"/> Other <input type="checkbox"/> DoD Employee <input type="checkbox"/> Govt Contractor									
<b>Vehicle Make:</b>		<b>Vehicle Model:</b>		<b>Year:</b>	<b>Vehicle Color:</b>	<b>Plate #:</b>	<b>State:</b>	<b>Expiration:</b>	
<b>Insurance Company</b>		<b>Insurance Policy Number:</b>		<b>Expiration:</b>		<b>Notice: A copy of the Registration, Proof of insurance and DL must be provided with this document for vehicle passes to be issued.</b>			